

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90340 018 ****61.25

DOCUMENT # N96000000187

1. Entity Name

MICHAEL GERRITS FOUNDATION, INC.

Principal Place of Business

Mailing Address

**3550 BISCAYNE BLVD
STE 401
MIAMI FL 33137****3550 BISCAYNE BLVD
STE 401
MIAMI FL 33137**

00049883



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3501 NW 2 Ave**P.O. BOX 370606**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL**MIAMI FL**

4. FEI Number

65-0637340

Applied For

Not Applicable

Zip

Country

Zip

Country

33127**U.S.A.****33137****U.S.A.**5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**LAMONT & NEIMAN, P.A.
ONE BISCAYNE TOWER, SUITE 3550
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	GERRITS, MICHAEL J	3465 N.W. 2ND AVE.	MIAMI FL	<input type="checkbox"/>	GERRITS, MICHAEL J.	3501 NW 2 Ave	MIAMI FL 33127	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D	BROUSSARD, MEREDITH	3465 N.W. 2ND AVE.	MIAMI FL 33127	<input type="checkbox"/>	BROUSSARD, MEREDITH	3501 NW 2 Ave	MIAMI FL 33127	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D	NEIMAN, JAN S	ONE BISCAYNE TOWER, SUITE 3550	MIAMI FL 33131	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Meredith Broussard
DIRECTOR**3-2701****305 5732465**

CR2E037 (10/00)